	Application No.	Applicant(s)
Interview Summary	10/615,336	JANUSSON ET AL.
	Examiner	Art Unit	
	Alvin J. Stewart	3738	

All participants (applicant, applicant's representative, PTO personnel):

(1) *Alvin J. Stewart*.   (3)_____.

(2) *William Bunker*.   (4)_____. .

Date of Interview: *04 November 2005*.

Type: a)☐ Telephonic   b)☐ Video Conference
       c)☒ Personal [copy given to: 1)☐ applicant   2)☒ applicant's representative]

Exhibit shown or demonstration conducted: d)☐ Yes   e)☐ No.
       If Yes, brief description: _____.

Claim(s) discussed: __Claim 10, 21-24.__

Identification of prior art discussed: _____.

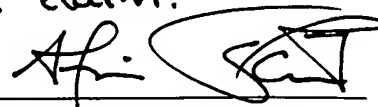Agreement with respect to the claims f)☒ was reached.   g)☐ was not reached.   h)☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: __See below.__

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

The Applicant's representative is going to amend claim 10 in order to overcome the previous rejections. The Applicant's representative made a proposed amendment to claim 10 and the proposed amendment overcome the previous rejections. However, the Examiner needs an additional search in order to verify the patentability of the claims. Finally, the Applicant's representative will cancel claims 21-23 and will add an additional independent claim.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.   _____
                                                                       Examiner's signature, if required